Patient **Welcome Packet**

Lakeland Regional Health®

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Welcome to Lakeland Regional Health Pharmacy

Lakeland Regional Health Pharmacy understands that your medical needs may be difficult to manage. Our staff is dedicated to working with you, your doctors and nurses, family and friends to achieve a fully integrated health care team. Our primary goal is to provide you with quality care.

You can expect:

- ✓ **Personalized Care & Regular Follow-Ups** Our specialty trained staff members will work with you to discuss your treatment plan and address your questions or concerns. We will be in close contact with you throughout the course of your treatment.
- ✓ **Benefits** There may be instances where you are prescribed a medication that your insurance plan may not cover. We will work diligently to lower your drug costs by getting the medication covered, switching to a medication that is covered, or applying valid manufacturer discounts.
- ✓ **Patient Management Program** When you are willing to follow the treatment plan determined by your healthcare team, the program is designed to provide benefits such as managing side effects, increasing adherence to drug therapies, and overall improvement of your health. If you no longer wish to participate in our Patient Management Program, you may contact our team by phone to opt-out.
- ✓ **In-depth Consultation Services**
- ✓ **Refill Reminder Calls**
- ✓ **Free delivery of your medication upon request**
- ✓ **Prescription Transfer if Lakeland Regional Health Pharmacy cannot fulfill the prescription**
- ✓ **24/7 Support**

PHARMACY LOCATION	CONTACT INFORMATION	HOURS
199 Avenue B NW, Suite 385 Winter Haven, FL 33881	1-833-990-6116	Monday – Friday 9:00 AM – 5:00 PM

We look forward to providing you with the best service possible. We know that you have many options and we sincerely thank you for choosing Lakeland Regional Health Pharmacy!

- The Lakeland Regional Health Pharmacy Team

Important Information

Contact Us When/If:

- You have any questions or concerns about your medication.
- You suspect a reaction or allergy to your medication.
- A change has occurred in your medication use.
- You would like to start taking a vitamin/supplement or any over the counter medication.
- Your contact information or delivery address has changed.
- Your insurance information or payment source has changed.
- You need to check the status of your delivery.
- You need to reschedule or change your delivery.
- You have any questions or concerns about our specialty pharmacy service.

Prescription Transfers

- If you feel that our pharmacy is unable to meet your needs, we can transfer your prescription to the appropriate pharmacy of your choice. All we request, is a phone call from you to inform us where you would like your prescription transferred to.
- If our pharmacy can no longer service your medication, a pharmacist will transfer your prescription to another pharmacy. We will inform you of this transfer of care prior to transferring your prescription.

Delivery and Storage of your Medication

- We will deliver medication to your home, doctor's office, or to an alternative location at no cost to you. **Please note we require a signature for delivery. If required, you will be notified when scheduling your refill.**
- If your medication requires refrigeration, we will ship it in special packaging that will maintain the appropriate temperature throughout the shipping process. Once you receive the package, take the medication out of the box and place it in the refrigerator.
- If the package looks damaged or is not in the correct temperature range, please give the pharmacy a call.

Adverse Drug Reactions

- If you are experiencing adverse effects to your medication, please contact your doctor or our Pharmacy as soon as possible.

Drug Substitution Protocols

- From time to time, it is necessary to substitute generic drugs for brand name drugs. This may occur if your insurance company prefers the generic to be dispensed or to reduce your co-pay. You will be informed of any changes to your medication prior to our pharmacy filling your prescription.

Payment Policy

- Before your care begins, a staff member will inform you of your financial obligations that are not covered by your insurance or other third-party sources. These obligations include but are not limited to: out-of-pocket costs such as deductibles, co-pays, co-insurance, and annual out of pocket limits. We will also provide this information if there is a change in your insurance plan.

Insurance Claims

- Lakeland Regional Health Pharmacy will submit claims to your health insurance carrier on the date your prescription is filled. If the claim is rejected, a staff member will notify you, as necessary, so that we can work together to resolve the issue.

Co-payments

- You may be required to pay a part of your medication cost, called a co-payment. If you have a co-payment, it must be paid at the time of shipping or pick-up unless you would like to be billed by Lakeland Regional Health Pharmacy.

Financial Assistance

- We have access to financial assistance programs to help with co-payments and ensure no financial barriers to starting your medication. These programs include discount coupons from drug manufacturers and assistance from various disease management foundations. We will assist you with enrollment into such programs, if applicable.

Proper Disposal of Sharps

- Place all needles, syringes and other sharp objects into a sharps container. This will be provided by the Pharmacy if you are prescribed an injectable medication.
- Contact local waste pickup services for their policy on sharps container pickup. You can also check the following websites for additional information:
    - SafeNeedleDisposal.org
    - U.S. Food and Drug Administration (FDA)

Proper Disposal of Unused Medications

- For instructions on how to properly dispose of unused medications, check with your local waste collection service. You can also review guidance provided by the U.S. Food and Drug Administration (FDA) on their website.

Drug Recalls

- If your medication is recalled, the specialty pharmacy will contact you with further instructions, as directed by the U.S. Food and Drug Administration (FDA) or drug manufacturer.

Emergency Disaster Information

- In the event of a disaster in your area, please contact our pharmacy to instruct us on how to deliver your medication. This will ensure your therapy is not interrupted.

Additional Information on Your Disease

- The National Institutes of Health (NIH) website is an excellent resource for additional information on your disease.

Concerns or Suspected Errors

- Patients and caregivers have the right to voice complaints and/or recommendations on services to the pharmacy. Patients and caregivers can do so by phone, fax, in writing, or by email.
- The following organizations are available to contact anytime you feel your complaint was not resolved by the pharmacy:

Florida Board of Pharmacy

- Website: https://floridaspharmacy.gov/
- Telephone: 850-488-0595

URAC Complaint Info

- Website: urac.org/contact/file-a-grievance
- General Phone Number: (202) 216-9010

ACHC Complaint Info

- Website: www.achc.org/contact/
- For further information, you may contact ACHC toll-free at (855) 937-2242 or (919) 785-1214 and request the Complaints Department

Emergency & Disaster Preparedness Plan

Lakeland Regional Health Pharmacy has a comprehensive emergency preparedness plan in case a disaster occurs. Disasters may include, but are not limited to, fire to our facility, chemical spills in the community, earthquakes, hurricanes, tornadoes, and community evacuations. Our primary goal is to continue to serve your prescription care needs. When there is a threat of disaster or inclement weather in the local area, Lakeland Regional Health Pharmacy will contact you prior to any disasters the city may encounter. However, if there may be a threat of disaster or inclement weather in an area you reside, which is outside of the Lakeland area, it is your responsibility to contact the pharmacy prior to the occurrence (if permissible). This process will ensure you have enough medication to sustain you.

Lakeland Regional Health Pharmacy will utilize every resource available to continue to service you. However, there may be circumstances where Lakeland Regional Health Pharmacy cannot meet your needs due to the scope of the disaster. In that case, you must utilize the resources of your local rescue or medical facility. Please read the guide below to aid you in the case of an emergency or disaster:

1. The pharmacy will call you 3-5 days before any predicted inclement weather emergency, such as a severe snowstorm or hurricane, utilizing the weather updates as point of reference.
   a. If you are not in the Polk County area and are aware you will be experiencing inclement weather, you are responsible for calling the pharmacy 3-5 days before the occurrence.
2. The pharmacy will send your medication via courier or USPS/UPS next day delivery during any suspected inclement weather emergencies.
3. If the pharmacy cannot get your medication to you before an inclement weather emergency occurrence, the pharmacy will transfer your medication to a local specialty pharmacy so you do not go without medication.
4. If a local disaster occurs and the pharmacy cannot reach you or you cannot reach the pharmacy, please listen to your local news and rescue centers for advice on obtaining medication. Visit your local hospital immediately if you will miss a dose.
5. The pharmacy recommends that all patients leave a secondary emergency number.
6. If you have an emergency that is not environmental but personal and you need your medication, please contact the pharmacy at your convenience and we will aid you.

Washing Your Hands

You can help yourself and your loved ones stay healthy by washing your hands often, especially during these key times when you are likely to get and spread germs:

- Before, during, and after preparing food
- Before eating food
- Before and after caring for someone at home who is sick with vomiting or diarrhea
- Before and after treating a cut or wound
- After using the toilet
- After changing diapers or cleaning up a child who has used the toilet
- After blowing your nose, coughing, or sneezing
- After touching an animal, animal feed, or animal waste
- After handling pet food or pet treats
- After touching garbage

Follow Five Steps to Wash Your Hands the Right Way

Washing your hands is easy, and it's one of the most effective ways to prevent the spread of germs. Clean hands can stop germs from spreading from one person to another and throughout an entire community—from your home and workplace to childcare facilities and hospitals.

1. **Wet** your hands with clean, running water (warm or cold), turn off the tap, and apply soap.
2. **Lather** your hands by rubbing them together with the soap. Lather the backs of your hands, between your fingers, and under your nails.
3. **Scrub** your hands for at least 20 seconds. Need a timer? Hum the "Happy Birthday" song from beginning to end twice.
4. **Rinse** your hands well under clean, running water.
5. **Dry** your hands using a clean towel or air dry them.

Use Hand Sanitizer When You Can't Use Soap and Water

Washing hands with soap and water is the best way to get rid of germs in most situations. If soap and water are not readily available, you can use an alcohol-based hand sanitizer that contains at least 60% alcohol. You can tell if the sanitizer contains at least 60% alcohol by looking at the product label.

Sanitizers can quickly reduce the number of germs on hands in many situations. However,

- Sanitizers do not get rid of all types of germs.
- Hand sanitizers may not be as effective when hands are visibly dirty or greasy.
- Hand sanitizers might not remove harmful chemicals from hands like pesticides and heavy metals.

How To Use Hand Sanitizer

- Apply the gel product to the palm of one hand (read the label to learn the correct amount).
- Rub your hands together.
- Rub the gel over all the surfaces of your hands and fingers until your hands are dry. This should take around 20 seconds.

Home Safety Information

Here are some helpful guidelines to help you keep a careful eye on your home and maintain safe habits. The safe way is always the right way to do things. Shortcuts may hurt. Correct unsafe conditions before they cause an accident. Take responsibility. Keep your home safe. Keep emergency phone numbers handy.

Medication

- If children are in the home, store medications and poisons in childproof containers and out of reach.
- All medication should be labeled clearly and left in original containers.
- Do not give or take any medication that was prescribed for other people.
- When taking or giving medication, read the label and measure doses carefully.
- Know the side effects of the medication you are taking.
- Do not throw away outdated medication by pouring it down a sink or flushing it down the toilet.

Mobility Items

When using mobility items to get around such as canes, walkers, wheelchairs or crutches, you should use extra care to prevent slips and falls.

- Use extreme care to avoid using walkers, canes or crutches on slippery or wet surfaces.
- Always put the wheelchairs or seated walkers in the lock position when standing up or before sitting down.
- Wear shoes when using these items and try to avoid obstacles in your path and soft and uneven surfaces.

Slips and/or Falls

Slips and falls are the most common and often the most serious accidents in the home. Here are some things you can do to prevent them in your home:

- Arrange furniture to avoid an obstacle course.
- Install handrails on all stairs, showers, bathtubs and toilets.
- Keep stairs clear and well lit.
- Place rubber mats or grids in showers and bathtubs.
- Use bath benches or shower chairs if you have muscle weakness, shortness of breath or dizziness.
- Wipe up all water spills, oil or grease immediately.
- Pick up and keep surprises out from under your feet, including electrical cords & rugs.
- Keep drawers and cabinets closed.
- Install good lighting.

Lifting

If it is too big, too heavy or too awkward to move alone - GET HELP.
Here are some things you can do to prevent low back pain or injury:

- Stand close to the load with your feet apart for good balance.
- Bend your knees and “straddle" the load.
- Keep your back as straight as possible while you lift and carry the load.
- Avoid twisting your body when carrying a load.
- Plan ahead - clear your way.

Electrical Accidents

Watch for early warning signs; overheating, a burning smell or sparks. Unplug the appliance and get it checked right away. Here are some things you can do to prevent electrical accidents:

- Keep cords and electrical appliances away from any water or leaks.
- Do not plug cords under rugs, through doorways or near heaters. Check cords for damage before use.
- Extension cords must have a large enough wire for larger appliances.
- If you have a broken plug outlet or wire, get it fixed immediately.
- Use a grounded 3-wire plug to prevent shock in case of an electrical fault.
- Do not overload outlets with too many plugs.
- Use three-prong adapters when necessary.

Smell Gas?

- Open windows and doors immediately.
- Shut off appliance(s) involved. You may be able to refer to the front of your telephone book for instructions regarding turning off the gas to your home.
- Do not use matches or turn on electrical switches.
- Do not use the telephone - dialing may create electrical sparks.
- Do not light candles.
- Call your gas company from a neighbor's home.
- If your gas company offers free annual inspections, take advantage of them.

Fire

Pre-plan and practice your fire escape. Look for a plan with at least two ways out of your home. If your fire exit is through a window, make sure it opens easily. If you are in an apartment, know where the exit stairs are located. Do not use the elevator in a fire emergency. You may notify the fire department ahead of time if you have a disability or special needs. Here are some steps to prevent fires:

- Install smoke detectors. They are your best early warning. Test frequently and change the battery every year or as needed.
- If there is oxygen in use, place a "No Smoking" sign in plain view of all persons entering the home.
- Throw away old newspapers, magazines and boxes.
- Empty wastebaskets and trashcans regularly.
- Do not allow ashtrays or toss matches into wastebaskets unless you know they are out. Wet down first or dump into the toilet.
- Have your chimney and fireplace checked frequently. Look for and repair cracks and loose mortar. Keep paper, wood and rugs away from areas where sparks could hit them.
- Be careful when using space heaters.
- Follow instructions when using a heating pad to avoid serious burns.
- Check your furnace and pipes regularly. If nearby walls or ceilings feel hot, add insulation.
- Keep a fire extinguisher in your home and know how to use it.

If you have a fire or suspect a fire

- Take immediate action per plan - Escape is your top priority.
- Get help on the way - with no delay. CALL 9-1-1.
- If your fire escape is cut off, close the door and seal the cracks to hold back smoke. Signal help from the window.

Patient Bill of Rights and Responsibilities

Lakeland Regional Health Pharmacy recognizes that patients have inherent rights. Patients who feel their rights have not been respected, or who have questions or concerns, should talk to the pharmacist on duty.

Patients and their families also have responsibilities while under the care of Lakeland Regional Health Pharmacy to facilitate the provision of safe, high-quality health care for themselves and others. The following patient rights and responsibilities shall be provided to, and expected from, patients or legally authorized individuals.

To ensure the finest care possible, as a patient receiving our pharmacy services, you should understand your role, rights and responsibilities involved in your own plan of care.

As our patient, you have the right to:

- Select those who provide you with Pharmacy services.
- Receive the appropriate or prescribed services in a professional manner without discrimination relative to your age, sex, race, religion, ethnic origin, sexual preference or physical or mental handicap.
- Be treated with friendliness, courtesy and respect by each and every individual representing our Pharmacy, who provided treatment or services for you and be free from neglect or abuse, be it physical or mental.
- Assist in the development and preparation of your plan of care that is designed to satisfy, as best as possible, your current needs, including management of pain.
- Be provided with adequate information from which you can give your informed consent for commencement of services, the continuation of services, the transfer of services to another health care provider, or the termination of services.
- Express concerns, grievances, or recommend modifications to your Pharmacy regarding services or care, without fear of discrimination or reprisal.
- Request and receive complete and up-to-date information relative to your condition, treatment, alternative treatments, risk of treatment or care plans.
- Receive treatment and services within the scope of your plan of care, promptly and professionally, while being fully informed as to our Pharmacy's policies, procedures and charges.
- Request and receive data regarding treatment, services, or costs thereof, privately and with confidentiality.
- Be given information as it relates to the uses and disclosure of your plan of care.

- Have your plan of care remain private and confidential, except as required and permitted by law.
- Receive instructions on handling a drug recall.
- Receive information on how to access support from consumer advocacy groups.
- Receive pharmacy health and safety information to include consumers' rights and responsibilities.
- Be fully informed in advance about care/service to be provided, including the disciplines that furnish care and the frequency of visits, as well as any modifications to the plan of care.
- Be informed, both orally and in writing, in advance of care being provided, of the charges, including payment for care/service expected from third parties and any charges for which the client/patient will be responsible.
- Receive information about the scope of services that the organization will provide and specific limitations on those services.
- Participate in the development and periodic revision of the plan of care.
- Refuse care or treatment after the consequences of refusing care or treatment are fully presented.
- Be informed of client/patient rights under state law to formulate an Advanced Directive, if applicable.
- Have one's property and person treated with respect, consideration, and recognition of client/patient dignity and individuality.
- Can identify visiting personnel members through proper identification.
- Be free from mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of client/patient property.
- Voice grievances/complaints regarding treatment or care, lack of respect of property or recommend changes in policy, personnel, or care/service without restraint, interference, coercion, discrimination, or reprisal.
- Have grievances/complaints regarding treatment or care that is (or fails to be) furnished, or lack of respect of property investigated.
- Confidentiality and privacy of all information contained in the client/patient record and of Protected Health Information.
- Be advised on the agency's policies and procedures regarding the disclosure of clinical records.
- Choose a health care provider, including choosing an attending physician, if applicable.
- Receive appropriate care without discrimination in accordance with physician orders, if applicable.
- Be informed of any financial benefits when referred to an organization.
- Be fully informed of one's responsibilities.

As a patient, you have the responsibility to:

- Provide accurate and complete information regarding your past and present medical history and contact information and any changes.
- Agree to a schedule of services and report any cancellation of scheduled appointments and/or treatments.
- Participate in the development and updating of a plan of care.
- Communicate whether you clearly comprehend the course of treatment and plan of care.
- Comply with the plan of care and clinical instructions.
- Accept responsibility for your actions, if refusing treatment or not complying with, the prescribed treatment and services.
- Respect the rights of Pharmacy personnel.
- Notify your Physician and the Pharmacy with any potential side effects and/or complications.
- Notify Lakeland Regional Health Pharmacy by telephone when medication supply is running low so a refill may be shipped to you promptly.
- Maintain any equipment provided, if applicable.
- Notify the pharmacy of any concerns about the care of services provided.

Specialty Pharmacy Patients have the below additional rights and responsibilities:

- The right to have personal health information shared with the patient management program only in accordance with state and federal law.
- The right to identify the program's staff members, including their job title, and to speak with a staff member's supervisor if requested.
- The right to speak to a health care professional.
- The right to receive information about the patient management program.
- The right to decline participation, revoke consent or dis-enroll at any point in time.
- The responsibility to give accurate clinical and contact information and to notify the patient management program of changes in this information.
- The responsibility to notify their treating prescriber of their participation in the medication management program.

Medicare Drug Coverage and Your Rights

Enrollee name: _____ (optional)

Drug and prescription number: _____ (optional)

You have the right to ask for a coverage determination from your Medicare drug plan to provide or pay for a drug you think should be covered, provided, or continued. You also have the right to ask for a special type of coverage determination called an **"exception"** if you:

- Need a drug that's not on your plan's list of covered drugs
- Believe a coverage rule (like prior authorization or a quantity limit) shouldn't apply to you for medical reasons
- Need to take a non-preferred drug and you want the plan to cover the drug at a preferred drug price

How to ask for a coverage determination

To ask for a coverage determination, you or your prescriber can call your Medicare drug plan's toll-free phone number on the back of your plan membership card, or go to your plan's website. You can ask for an expedited (24 hour) decision if your health could be seriously harmed by waiting up to 72 hours for a decision.

Be ready to tell your Medicare drug plan:

- The name of the prescription drug, including dose and strength (if known)
- The name of the pharmacy that tried to fill the prescription
- The date you tried to fill the prescription
- If you ask for an exception, your prescriber will need to explain why you need the off-formulary or non-preferred drug, or why a coverage rule shouldn't apply to you

Your Medicare drug plan will send you a written decision. If coverage isn't approved and you disagree with this decision, you have the right to appeal. The plan's notice will explain why coverage was denied and how to ask for an appeal.

Get help and more information

Look at your plan materials or call 1-800-MEDICARE (1-800-633-4227) for more information about how to ask for a coverage determination. TTY users can call 1-877-486-2048. For help contacting your plan, call 1-800-MEDICARE.

To get this form in an accessible format (like large print, Braille, or audio) contact your Medicare drug plan. You also have the right to file a complaint if you feel you've been discriminated against. Visit Medicare.gov/about-us/accessibility-nondiscrimination-notice, or call 1-800-MEDICARE (1-800-633-4227) for more information. TTY users can call 1-877-486-2048.

PRA Disclosure Statement According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0975. This information collection is used to provide notice to enrollees about how to contact their Part D plan to request a coverage determination. The time required to complete this information collection is estimated to average 1 minute per response, including the time to review instructions, search existing data resources, gather the data needed, to review and complete the information collection. This information collection is required under § 423.562(a)(3) and an associated regulatory provision at § 423.128(b)(7)(iii). If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

Form CMS - 10147 OMB Approval No. 0938-0975 (Expires: 12/31/2027)

Lakeland Regional Health®

HIPAA Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Who Will Follow This Notice

This notice describes the practices of Lakeland Regional Health Systems, Inc. ("LRHS") and Lakeland Regional Medical Center, Inc. ("LRMC") and those of:

- Any health care professional authorized to enter information into your medical chart. If a member of the Medical Staff or credentialed Allied Health Professional has not elected to be governed by this Notice, the law requires them to provide you with a copy of their own Notice of Privacy Practices. This joint Notice of Privacy Practices was created for information management purposes only. No joint venture or other relationship between LRHS/LRMC and its Medical Staff and its credentialed Allied Health Professionals is created or implied.
- All departments and units of LRMC and LRHS;
- Any member of a volunteer group we allow to help you while you are in the hospital;
- All employees, staff and other personnel;
- Lakeland Regional Medical Center Foundation, Inc., Lakeland Regional Cancer Center and Oncology Specialists of Florida. All these entities, sites and locations follow the terms of this notice. In addition, these entities, sites and locations may share medical information with each other for treatment, payment or healthcare operation purposes described in this Notice.

Our Pledge Regarding Medical Information

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive at our facilities. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by our facilities, whether made by our personnel or your personal doctor. Your personal doctor may have different policies or notices regarding the doctor's use and disclosure of your medical information created in the doctor's office or clinic. This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information. We are required by law to:

- Make sure that medical information that identifies you is kept private;

- Give you this notice of our legal duties and privacy practices with respect to medical information about you; and
- Follow the terms of the Notice that are currently in effect

How We May Use and Disclose Medical Information About You

The following categories describe different ways that we use and disclose your medical information. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

For Treatment: We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to physicians, nurses, technicians, healthcare students, or other personnel who are involved in your care. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell the dietitian if you have diabetes so that we can arrange for appropriate meals. Different departments of our healthcare facilities also may share medical information about you in order to coordinate the different things you need, such as prescriptions, lab work and x-rays. We also may disclose medical information about you to people outside our facilities who may be involved in your medical care after you leave our facility, such as family members, therapists, home health agencies, long term care facilities or others we use to provide services that are part of your care.

For Payment: We may use and disclose medical information about you so that the treatment and services you receive at our facility may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give your health plan information about surgery you received at the hospital so your health plan will pay us or reimburse you for the surgery. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment. However, if you pay for a health care item or service “out-of-pocket” in full, you may request that we will not disclose your health information to your health plan or insurance company.

For Health Care Operations: We may use and disclose medical information about you for health care operations. These uses and disclosures are necessary to run our healthcare facilities and make sure that all of our patients receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine medical information about many patients to decide what additional services we should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, medical students, and other personnel for review and learning purposes. We may also combine the medical information we have with medical information from other healthcare providers to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of medical information so others may use it to study health care and healthcare delivery without learning who the specific patients are.

Appointment Reminders: We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care at our facilities.

Treatment Alternatives: We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

Health-Related Benefits and Services: We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you.

Fundraising Activities: The Lakeland Regional Medical Center Foundation, Inc. is permitted to use demographic information, such as your name, address and phone number, and your dates of treatment to contact you for fundraising purposes for LRMC and LRHS and will only utilize other protected health information with your specific authorization. You will have the opportunity to opt out of receiving fundraising communications. For example, you may request that these materials not be sent to you by writing to our Director of Health Information Management Services at the address listed in this Notice.

Directory: We may include certain limited information about you in the hospital directory while you are a patient with us. This information may include your name, location in the facility, your general condition (e.g., fair, stable, etc.) and your religious affiliation. The directory information, except for your religious affiliation, may also be

released to people who ask for you by name. Your religious affiliation may be given to a member of the clergy, such as a minister, priest or rabbi, even if they do not ask for you by name. This is so your family, friends and clergy can visit you and generally know how you are doing. You may restrict some or all of these disclosures by informing the hospital representative when you are registered or by speaking to your Nurse once you are admitted.

Individuals Involved in Your Care or Payment of Your Care: We may release medical information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care. We may also tell your family or friends your condition and that you are a patient in our facility. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location. You may restrict some or all of these disclosures by requesting the restriction in writing. Your Nurse or other patient care provider can assist you in this request. You can also make the request in writing to the Health Information Management Services department at 863.687.1100, ext. 2835, or by mail to: Director of Health Information Management Services, Lakeland Regional Medical Center, P. O. Box 95448, Lakeland, FL 33804.

Business Associates: LRMC and LRHS may use and disclose certain medical information about you to our business associates. A business associate is an individual or entity under contract with LRMC or LRHS to perform or assist them in a function or activity that necessitates the use or disclosure of medical information. Examples of business associates, include, but are not limited to, a copy service used by the entities to copy medical records, consultants, accountants, lawyers, medical transcriptionists and third-party billing companies. LRMC and LRHS require the business associate to protect the confidentiality of your medical information.

Research: Under certain circumstances, we may use and disclose medical information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another, for the same condition. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of medical information, trying to balance the research needs with patients' need for privacy of their medical information. Before we use or disclose medical information for research, the project will have been approved through this research approval process. We, however, may disclose medical information about you to people preparing to conduct a research project, for example, to help them look for patients with specific medical needs, so long as the medical information they review does not leave our facilities. Unless the disclosure meets one of the exceptions described above, we will usually ask for your specific permission if the researcher will have access to your name, address or other information that reveals who you are, or will be involved in your care at our facility.

As Required By Law: We will disclose medical information about you when required to do so by federal, state or local law.

To Avert a Serious Threat to Health or Safety: We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

Organ and Tissue Donation: If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

Military and Veterans: If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.

Workers' Compensation: We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness. Health information related to services rendered to our employees at our facilities will be released to LRMC or LRHS if the services involve work-related medical surveillance and/or work-related illness or injuries.

Public Health Risks: We may disclose medical information about you for public health activities. These activities generally include the following:

- To prevent or control disease, injury or disability;

- To report births and deaths;
- To report child or vulnerable adult abuse or neglect;
- To report reactions to medications or problems with products;
- To notify people of recalls of products they may be using;
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.

Health Oversight Activities: We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections and licensure. These activities are necessary for the government to monitor the health care system, government programs and compliance with civil rights laws.

Lawsuits and Disputes: If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Law Enforcement: We may release medical information if asked to do so by a law enforcement official in response to a court order, subpoena, warrant, summons or similar process, subject to all applicable legal requirements.

Coroners, Medical Examiners and Funeral Directors: We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients to funeral directors as necessary to carry out their duties.

National Security and Intelligence Activities: We may release medical information about you to authorized federal officials for intelligence, counterintelligence and other national security activities authorized by law.

Protective Services for the President and Others: We may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state, or conduct special investigations.

Inmates: If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official.

Information Not Personally Identifiable: We may use or disclose health information about you in a way that does not personally identify you or reveal who you are.

Use and Disclosure Requiring Authorization: Certain categories of health information have extra protections by law, and thus require special written authorization for disclosure. Most uses and disclosures of your psychotherapy notes require special written authorization, which we will obtain from you prior to any use or disclosure of your psychotherapy notes when required. When required by law, we will also obtain special written authorization from you prior to using or disclosing your health information for marketing purposes or prior to selling any of your personal health information.

Your Rights Regarding Medical Information About You

You have the following rights regarding medical information we maintain about you:

Right to Inspect and Copy: With a few exceptions, you have the right to inspect and copy medical information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes or information gathered for judicial proceedings. To inspect and copy medical information that may be used to make decisions about you, please notify your Nurse if you are an inpatient. If you are not an inpatient, please submit your request in writing to the Director of Health Information Management Services, Lakeland Regional Medical Center, P. O. Box 95448, Lakeland, FL 33804. If you request a copy of the information, we may charge a reasonable fee for the costs of copying, mailing or other supplies associated with your request.

Right to Amend: If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for LRMC or LRHS. To request an amendment, your request must be made in writing and submitted to the Manager of Health Information Management Services, Lakeland Regional Medical Center, and P. O. Box 95448, Lakeland, FL 33804. In addition, you must provide a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the medical information kept by or for LRMC or LRHS;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete. We will respond to your request in writing within sixty (60) days of your written request.

Right to an Accounting of Disclosures: You have the right to ask for a list of the disclosures of your health information we have made during the previous six years, but the request cannot include dates before April 14, 2003. This listing will include the date of each disclosure, who received the disclosed health information, a brief description of the health information disclosed and the reason for the disclosure. The listing will not include the following disclosures:

- Disclosures made for the purpose of treatment, payment or healthcare operations, or disclosures of directory information or disclosures made to family or responsible caregivers as described above;
- Disclosures made directly to you;
- Disclosures made based on a valid authorization from you or from your legally authorized representative;
- Oral or incidental disclosures;
- Disclosures made for purposes of national security, or to correctional institutions or law enforcement officers as described above;
- Disclosures made prior to April 14, 2003.

You must request this listing of disclosures by submitting your request in writing to the Director of Health Information Management Services, Lakeland Regional Medical Center, P. O. Box 95448, Lakeland, FL 33804. We will provide you with the list within sixty (60) days of receipt of your request, unless you agree to a thirty (30) day extension. There is no charge to you for the list, unless you request such a list more than once a year.

Right to Notification of Breach: You have the right to receive written notification of a breach where your unsecured health information has been accessed, acquired, used or disclosed to an unauthorized person as a result of such breach in a manner that compromises the security or privacy of your health information. Unless specified by you to receive the notification by electronic mail, we will provide such written notification by first-class mail or, if necessary, by such other substituted forms of communication allowable under the law.

Right to Request Restrictions: You have the right to ask for restrictions on how your health information is used or to whom your information is disclosed, even if the restriction affects your treatment, or our payment or health care operation activities. However, we are not required to agree to your requested restriction and, even if we agree to the requested restriction, we are permitted to use your information without complying with the restriction if necessary to treat you in an emergency situation. To request restrictions, please notify your nurse if you are an inpatient. If you are not an inpatient, please submit your request in writing to the Director of Health Information Management Services, Lakeland Regional Medical Center, P. O. Box 95448, Lakeland, FL 33804. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse. Although we are generally not required to agree to requested restrictions, we are required to keep your health information confidential if you pay for a health care item or service “out-of-pocket” in full, and you request that we not disclose health information related to that health care item(s) or service(s).

Right to Request Confidential Communications: You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing to the Director of Health Information Management Services, Lakeland Regional Medical Center, P. O. Box 95448, Lakeland, FL 33804. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to a Paper Copy of This Notice: You have the right to a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy of this Notice. You may obtain a copy of this Notice at our websites, lrmc.com or lakelandregionalcancercenter.com. To obtain a paper copy of this Notice, contact Lakeland Regional Medical Center, P. O. Box 95448, Lakeland, FL 33804.

Changes to this Notice

The effective date of this Notice is September 23, 2013. It will remain in effect until we replace it.

LRMC and LRHS will abide by the terms of the Notice currently in effect. LRHS and LRMC reserve the right to change the terms of this Notice and to make the new Notice provisions effective for all protected health information that it maintains. An updated version of this Notice may be obtained online at www.myLRH.org, or from Lakeland Regional Medical Center, P. O. Box 95448, Lakeland, FL 33804.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the Department of Health and Human Services. To file a complaint with us, contact Corporate Integrity Services, Lakeland Regional Medical Center, P.O. Box 95448, Lakeland, FL, 33804. You may also call the Compliance Helpline at 844.468.7574 at any time or report your concern online by visiting Lakeland.ethicspoint.com. You will not be penalized for filing a complaint.

Other Uses of Medical Information

Other uses and disclosures of medical information not covered by this Notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you. If you have any questions about this notice, please contact the Director of Health Information Management Services, P.O. Box 95448, Lakeland, Florida 33804, (863) 687-1100, ext. 2835.